

10/717,461

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS					
IND	DEP	IND	DEP	IND	DEP						
1	1	1									
2	1	1									
3		2	2								
4		2	2								
5		2	2								
6		2	2								
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48											
49											
50											
TOTAL IND.						4		14			
TOTAL DEP.						20		56			
TOTAL CLAIMS						24		60			
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											